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[Date notice sent to all parties]:

04/20/2015 and 05/18/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: EPISD right shoulder arthroscopy and distal

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is reported to be a male with a reported date of injury of xx/xx/xx. On 12/19/14, he was seen in clinic for complaints of pain to the right shoulder and right elbow. On exam, his right elbow had full extension and flexed to 130 degrees. The right wrist had severe pain to the radial ulnar joint. On 02/09/15, the patient was seen in clinic, and he had a benefits dispute agreement that apparently stated the injury sustained on 05/01/14 extended to and included the right shoulder labral tear, right shoulder sprain, and right elbow sprain and right wrist contusion. Examination was focused on the right elbow with full extension and flexion to 130 degrees and there was tenderness to the elbow.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

A 02/04/15 utilization review report stated there were no physical examination findings or imaging studies for the shoulder and the request was non-certified. A 02/16/15 preauthorization determination stated that an evaluation of the shoulder

had not been provided although a diagnosis of adhesive capsulitis had been given. The submitted records indicate the last clinical exam was focused on the elbow and wrist and a focused complete orthopedic examination documenting that the patient had decreased range of motion, pain about the shoulder, or positive impingement signs or positive pain about the distal clavicle was not provided. No imaging studies of the right shoulder have been provided. Therefore, in this reviewer's opinion the request for a right shoulder arthroscopy and distal clavicle resection is not medically necessary and the prior denials are upheld.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Diagnostic arthroscopy

Recommended as indicated below. Criteria for diagnostic arthroscopy (shoulder arthroscopy for diagnostic purposes): Most orthopedic surgeons can generally determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Shoulder arthroscopy should be performed in the outpatient setting. If a rotator cuff tear is shown to be present following a diagnostic arthroscopy, follow the guidelines for either a full or partial thickness rotator cuff tear. (Washington, 2002) (de Jager, 2004) (Kaplan, 2004)

For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

Partial claviclectomy (Mumford procedure)

See Surgery for shoulder dislocation for more information and references.

ODG Indications for Surgeryä -- Partial claviclectomy:

Criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint:

1. Conservative Care: At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS

2. Subjective Clinical Findings: Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS

3. Objective Clinical Findings: Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS

4. Imaging Clinical Findings: Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation.